

# GREENWOOD POLICE DEPARTMENT

## APPLICANTS REQUEST/WAIVER TO RELEASE INFORMATION

I HEREBY AUTHORIZE AND REQUEST ALL PERSONS TO WHOM THIS REQUEST (ORIGINAL OR REPRODUCTION) IS PRESENTED, HAVING INFORMATION RELATING TO OR CONCERNING ME, TO FURNISH SUCH INFORMATION TO A DULY APPOINTED OFFICER OF THE GREENWOOD POLICE DEPARTMENT AND/OR MEMBERS OF THE GREENWOOD POLICE MERIT COMMISSION.

I AM AWARE THAT THIS INFORMATION MAY BE OF A PERSONAL NATURE AND MAY OTHERWISE BE PROTECTED FROM DISCLOSURE BY MY CONSTITUTIONAL, STATUTORY OR COMMON LAW PRIVILEGES. I HEREBY EXPRESSLY WAIVE ALL PRIVILEGES WHICH MAY ATTACH TO SUCH COMMUNICATION OR DISCLOSURE AND RELEASE ALL PERSONS, FIRMS AND CORPORATIONS FROM ALL CLAIMS, OF ANY NATURE AS A RESULT OF SAID COMMUNICATIONS OR DISCLOSURE.

Information to be released:

- Medical Records
- Mental Records
- Financial Records
- Criminal History Checks
- Education Records
- Organizational Memberships
- Past or Present Employment Records
- Military Records
- \*\*Any Background Material/Information Relevant to Reputation and/or Moral Character

\*\*These records will be retained on file in the Greenwood Police Department Personnel Section.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STATE OF INDIANA )

) SS:

COUNTY OF JOHNSON )

Subscribed and sworn before me, a Notary Public, in and for said County and State this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Printed

\_\_\_\_\_  
County of Residence